PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRICTIONS: This form should be used for tensmining the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where updroprined. All further correspondates including the Peters, destruct excler and motification of maintenance feet will be mailed in the current correspondence address as undecided unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indication, a separate FFEE ADDRESS' for maintenance feet outflictuous.

CURRENT CORRESPONDENCE ADDRESS (Note, Use Block 1 for any change of address)

22850 7590 09/29/2009 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

Phereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop (SSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.

(Depositor's name) (Signate (Dan

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO 10/526 935 09/07/2005 Yusuke Hisada 267285US90PCT

TITLE OF INVENTION: REMOTE ACCESS VPN MEDIATION METHOD AND MEDIATION DEVICE

CUSTOMER NUMBER 22850

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/29/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	1		
SU, SARAH		2431	726-015000	•		
. (Change of correspondence address or indication of "Fee Address" (37 TFR 1 363). Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTOSB/12; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patient front page, list 10 the names of up to 3 registered patient attorneys or agents OR, alternatively. (2) the name of a single firm fluxiving as a member a registered attorney or agent) and the names of up to 1 the name of up to 1 the nam			
(A) NAME OF ASSI NIPPON T	GNEE ELEGRAPH I	AND TELEPH	ONE CORPORA	and STATE OR COUNT	Tokyo,	JAPAN
a. The following fee(s) Issue Fee Publication Fee ()		ocrmitted)	Payment of Fec(s): (Plea	Individual Ocrporation se first reapply any previous f. Transmitted via EFS- authorized to charge the resit Account Number 15	ously paid issue fee sh	uwn above)
Channella Faster Ct.	tus (from status indicate		_	er claiming SMALL ENT		
a. Applicant claim	d Publication Fee (if rea		from anyone other than the	ne applicant; a registered a	ttorney or agent; or the a	ssignee or other party

The collection of in-firmation is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 1.22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including guibering, preparing, and submitting the confidentiality is governed by 35 USC 1.22 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including guibering, preparing, and in the form and/or suggestions for roducing this bardon. Should be sent to 57 central ground the individual case. Any comments on the and of time your requires to complete lines from and/or suggestions for roducing this bardon. Should be sent to 57 central ground the complete of the confidence of

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.